

MEDICAL POWER OF ATTORNEY  
(USAREUR Suppl 1 to AR 608-50)

KNOW ALL MEN BY THESE PRESENTS that on this date I \_\_\_\_\_  
SSN \_\_\_\_\_, now serving as a member of or accompanying the United  
States Armed Forces in Europe, do make, constitute and appoint ANY REGISTERED  
BOY SCOUT OF AMERICA LEADER my true and lawful attorney-in-fact to act for me  
and in my name, place and stead for the following purpose:

TO AUTHORIZE ANY AND ALL MEDICAL, DENTAL, AND HOSPITAL CARE  
AND TREATMENT, EITHER PREVENTIVE OR CORRECTIVE, INCLUDING  
MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED  
PHYSICIAN OR DENTIST FOR THE HEALTH AND WELL BEING OF MY  
(CHILD) (CHILDREN)

	,	AGE	
	,	AGE	
	,	AGE	
	,	AGE	

GIVING AND GRANTING unto my said attorney full power and authority to do and  
perform every act, deed, matter and thing necessary, desirable or expedient to  
accomplish the foregoing specified purpose, and ratifying and confirming all acts  
necessary, desirable or expedient to accomplish any of the specifically enumerated  
purposes, lawfully done pursuant to the authority hereinabove conferred.

However, all business transacted hereunder on my account shall be transacted in my  
name, and all indorsements and instruments executed by my said attorney for the  
purpose of carrying out the above powers shall contain my name, followed by that of my  
said attorney and the designation "attorney-in-fact".

Any act lawfully done hereunder by my said attorney shall be binding on myself and my  
heirs, representatives, and assigns.

Unless sooner revoked or terminated by me this Medical Power of Attorney shall  
become NULL and VOID after \_\_\_\_\_, 19\_\_\_\_.

IN WITNESS WHEREOF, I have hereunder set my hand and seal this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
(Signature)